

CLAIMS ONLY						Application Number <i>10/749638</i>	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	<u> </u>						52			
3	<u> </u>						53			
4	<u> </u>						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9	<u> </u>						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<i>22</i>						Total Indep			
Total Depend	<i>27</i>						Total Depend			
Total Claims	<i>29</i>						Total Claims			